

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212533342					
<div style="display: flex; justify-content: space-between;"> <div> 1.) CORPORATION NAME: Valley Health System </div> <div> DUE DATE: 10/31/2012 </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MARK H MERRILL 220 CAMPUS BLVD STE 420 WINCHESTER, VA 22601 </div> <div> SCC ID NO: 02473080 </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WINCHESTER CITY </div> <div> 5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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4.) STATE OR COUNTRY OF INCORPORATION: VA							
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 220 CAMPUS BLVD STE 420 CITY/ST/ZIP: WINCHESTER, VA 22601 </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARK H. MERRILL TITLE: PRESIDENT/CEO ADDRESS: 220 CAMPUS BLVD STE 420 CITY/ST/ZIP/CO: WINCHESTER, VA 22601 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MARK H. MERRILL TITLE: PRESIDENT/CEO ADDRESS: 220 CAMPUS BLVD STE 420 CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY S. SMITH DIRECTOR 106 N. WASHINGTON STREET WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK D. IRELAND DIRECTOR 1818 AMHERST STREET WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM B. MAJOR DIRECTOR 1870 AMHERST ST., SUITE F WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLIFTON L. RUTHERFORD DIRECTOR 116 MEDICAL CIRCLE WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS T. GILPIN DIRECTOR P.O. BOX 3 MILLWOOD, VA 22646	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS B. KEIM DIRECTOR 1510 SPRING HOUSE COURT WINCHESTER, VA 22601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH F. SILEK DIRECTOR 43 CHESTER STREET FRONT ROYAL, VA 22630	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARK H. MERRILL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK H. MERRILL, PRESIDENT/CEO PRINTED NAME AND CORPORATE TITLE	8/30/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			